

## MANUAL CLAIM FORM VTPOP CLAIM - NCPDP vD.0

Return to: Goold Health Systems, Inc. 1 Greentree Drive, Suite 2 S. Burlington, VT 05403 Fax Number: 1-844-679-5366

Patient Name						Cardholder ID						Pha				armacy Name							NABP						
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Updated: 01/25/2016